The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VII WINTER, 1950 Number 8

Where Are We Going?

by
Arthur W. Allen, M. D.
President of The Massachusetts Medical Society

I would like to bring before the members of the Hampden District Medical Society a few salient facts that deeply concern you as American citizens. Physicians are prone to go their own way, taking care of the sick to the best of their ability and allowing other people to interest themselves in government, but we are affected by changes that influence our lives as much and often times more than the average citizen.

The American people have available to them the best medical care of any people in the world. This has been brought about by the voluntary efforts of American medicine working in a free society. The American Medical Association has sponsored standards for our medical schools that now allow only qualified physicians to become practitions. The American College of Surgeons has standardized the hospitals. Improvement in medical care and scientific advances are progressing at a faster rate than can be found elsewhere in the world.

In spite of these facts, strong efforts are being made to change our American way of life. Powerful forces are determined to bring about a regimented, bureaucratic control of medical care. Our proponents of compulsory tax supported old age security, unemployment insurance, subsidies of of the farmer and medical care try to give it less offensive titles but it is socialism nevertheless.

Since Bismark in the early 1880's devised government controlled medicine to increase the state funds, the scheme has been tried by some of the major and many of the minor nations. In all of the large countries it has failed and in small closely compact nations, where it works best, it still is not as good as our present American system. In England it is, up to now, a failure. More people may be getting some care that they could not have before but the average quality of care is not as good. Those who really need medical care are prevented from getting it because of the hypochondriac and the chiseler. I am reliably informed that the average British physician receives less income from a 100 hour week than the London dock worker gets for a 40 hour week.

Federal controlled projects are frightfully expensive. In Detroit an able-bodied man with several children has drawn over $70,000.00 in unemployment relief funds since 1935. Thousands of persons reaching the age of 65 find they are not eligible for the old age pension for one reason or another, in spite of the fact that they have been paying into it for years. The Grange and other farmers' organizations are unhappy about the

(Continued on Page 4)

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 500 Copies

OFFICERS OF THE HAMPDEN DISTRICT MEDICAL SOCIETY

President—Arthur Riordan

Vice-President—Fred F. Celce

Secretary-Treasurer—Allen G. Rice

EDITORIAL BOARD

Edward P. Bagg, *Editor-in-Chief*

Eoline Dubois Jerome Whitney

Cut That Overhead

Unlike Calvin Coolidge, whose economic horizon ended with pay-as-you-go, the present President of the United States confesses that he knows of no way to balance the budget except by increasing taxes even while failures of business firms increase from month to month. Likewise, that facile political economist, Governor Chester Bowles of Connecticut, is reported to have added 2000 voters to the state payroll during his tenure of office, and evidently plans to climb higher. Strikes are still prevalent,—those most uneconomical settlers of any issues. How are the misguided miners ever to recoup those lost wages or other workers unworked hours caused by lack of fuel? Who will keep up their insurance when laborers are out of work? Certainly not companies who have nothing to sell, nor governments who have nothing to tax.

We know the career politicians could not in good conscience cut down any payrolls. But why in the name of sound economy could they not refrain from filling vacancies for awhile? The reported turnover of 500,000 jobs per annum in Washington should furnish excellent opportunities to pare down that war time roster. Hats off to Secretary Johnson who has made a good beginning!

Then too, let us have no more overlapping half-empty service hospitals to devour huge expense accounts and preempt scarce personnel. Unification must be achieved for budgets sake. If the nation is to be safe,—and solvent!

Attorney General Howard McGrath might stop wasting public funds trying to catch the A & P and the A. M. A. in monopolistic practices just because we did not go along with the Fairy Deal. (Secretary Lull reports that five agents from the Chicago F. B. I. have been camped in the Board of Trustees room for almost four months going over records of the Secretary and the various Councils at your expense and mine to determine whether or not prepaid medical care plans are monopolies!) Peanuts and politics! Meanwhile that golden goose is hanging higher all the time.

Margaret M. O'Brien, R. N. Telephone 2-5960

O'Brien Sick Room Supplies

(Medical and Surgical)

Authorized Camp Service

137½ State Street Springfield, Mass.

Springfield Medical Supply Co.

New and Used Equipment

173 Chestnut Street

Springfield . . Massachusetts

Professional Bldg. Pharmacy

Inc.

18 Maple Street Springfield

Dentists & Surgeons Supply Co.

340 Bridge Street

Springfield Massachusetts

Address Correspondence to Secretary:
Dr. W. A. R. Chapin
121 Chestnut Street, Springfield, Mass.
Telephone 2-7213

Rootings

Grass Roots Conferences are meetings of District Secretaries from all over the country, and a regular feature of every meeting of the American Medical Association. The members of the Conferences shed their coats, take down their hair, and tackle courageously the thorny problems that beset local levels. Singly and in groups they crowd the hearings of Reference Committees of the House of Delegates and make known their views. A universal concern of District Secretaries at Washington was the method by which the $25 dues of the A. M. A. were to be collected. Some wanted the A. M. A. to do its own collecting; others wanted State Societies to do it; and a few were willing to do the job themselves. Eventually a compromise was effected and adopted by the Trustees. It leaves collection in the hands of State Societies by such methods as each State Society has been in the habit of collecting its own dues. Here in Massachusetts, therefore, the State Society will handle the matter.

The plenary session of the Conference drew an overflow audience. Well chosen speakers gave addresses as instructive as they were interesting. Especially noteworthy was the story of the Mott Children's Center in Flint, Michigan. By virtue of a handsome gift from millionaire Mott a building was erected where under one roof are housed such health agencies as the Tuberculosis Association, Red Cross, Child's Guidance, and the Arthritic, Cardiac, Polio, Baby Feeding, and Diabetic Clinics. The advantages of one location for these many agencies are obvious: centralized administration, prevention of duplication, and avoidance of over-lapping, but of course few cities have a Mr. Mott. Only patients referred by physicians are accepted. The services rendered are diagnostic only. Patients are returned to referring physicians for treatment.

The Erie, Pennsylvania District sponsored a huge health exhibit of all its agencies. Actual demonstrations of taking chest X-rays, detecting diabetes, and managing blood banks drew large crowds.

The Commander of The American Legion proved to be a spellbinding orator who was loudly applauded when he asserted that The American Legion was 100% with the A. M. A. in opposing any form of federal compulsory health insurance.

In the hotel that housed members of the House Delegates of the A. M. A., the Massachusettes delegation had a meeting room where they met for breakfast in order to brief themselves for the day's session of the House and again for luncheon when they discussed the morning's doings. To this room any fellow from Massachusetts, whether a delegate or not, is cordially invited and urged to take part in the discussions. Those who may attend future meetings of the A. M. A. will do well to remember this invitation and learn thereby at first hand how affairs of the A. M.A. are handled.

Allen G. Rice

COMPLIMENTS
T. P. Sampson
Springfield

COMPLIMENTS
Curran-Jones
WEST SPRINGFIELD

Harris Pharmacy
139 Chestnut Street
Springfield Massachusetts

Medical Du Coeur

(Continued from Last Issue)

By coincidence, another busy son of Aesculapius, the recent president of the American Academy of Pediatrics, Boston's Warren Sisson, during the past summer sojurned on the Half Moon Ranch in Montana. He likewise was asked to demonstrate his ability in **"La Medecine du Coeur".** This time it was a horse that was gravely ill with a badly infected leg. The only difficulty encountered was the calculation of the astronomical dosage of penicillin that was required. But even without his slide rule, Warren was equal to the test and one less Palomino bit the dust, (if the well-read Vet might borrow from J. Fennimore Cooper.)

As for me, it is painful to confess that in a similar crisis I failed miserably. Some years ago, a mad dog scare had put us all on the qui-vive, since a dozen children had been bitten. One of my sisters-in-law, whose only child had required the Pasteur treatment, asked me to examine her own pet springer spaniel,—(the same one that summoned me nine miles away to a neighboring community to see the sick child of a friend without asking the local attendant's permission). I did examine Druid, but from the safe distance of ten feet because the glairy slobber dripping from his jaw was too, too realistic. I suggested, truthfully enough, that a Vet would know much more about what to do. The prospect of my own brood left fatherless was too terrifying. Incidentally, the poor dog was suffering from a festering splinter of bone that had lodged in his pharynx. A clothespin, pliers, and a swab of peroxide would have done the trick. **"La Medecine du pieds froids,"** shall we say?

Paul White ended his letter by telling me that I am too fat. "It would be wise" he added, "To keep perhaps on two-thirds portions for awhile. A reduction of ten pounds may take a few drops of fat out of your coronaries and lengthen your life. You would see still more of your descendants than you might otherwise."

Selah

S. Q. Lapius

Where Are We Going?

(Continued from Page 1)

wasteful and extravagant subsidies that now exist. The people would complain volubly about the inadequacies of government medicine.

Fifty-two million people in the United States now have some form of voluntary insurance against medical and hospital bills. This idea is growing rapidly and is sound in principle and in accordance with the American way of life.

At the present rate our national debt will completely ruin this country in less than a quarter of a century. Obligations that we are making will be paid for by future generations.

We should adopt a firm business policy and pay as we go. Every able-bodied citizen should contribute to a plan that is actuarially sound. Voluntary insurance can cover the 70 per cent of the population that is working. The 15 per cent who are indigent can be taken care of by the same insurance policies paid for by Welfare at the local level. Federal taxes could justifiably be used to augment local and state funds for these purposes where needed. The remaining 15 per cent are now able to write their own insurance, and take care of their own social and medical obligations.

If you question my remarks you should read **"The Road Ahead"** by John T. Flynn. If every citizen would read this book the politicians could not destroy these United States of America.

VI-SYNERAL
Trade Mark Reg. U.S. Pat. Off. Brand of
VITAMINS and MINERALS

Touchee

Dear Hippocrat:

For the past two years, it seems that every Journal, Medical Digest and County Medical News that comes to hand devotes considerable editorial space to polemics against certification and those who regard it as desirable.

I think it high time that a voice be raised in defense of those much-maligned organizations, the American Specialty Boards.

The criticism seems to have three major features:

A. Hospital administrators welcome only certified men as applicants for staff membership.

B. Hospitals tend to pass over or demote experienced older men in favor of Board Diplomates in appointing Chiefs of Service.

C. Young whippersnappers who enter practice already certified as specialists, cannot possibly be as capable as older colleagues whose experience far outweighs their lack of formal training.

To the first criticism, I say that this is no fault of the Boards. If hospital administrators are anxious to obtain well-trained men for the staff, should Board men be blamed if the hospital welcomes them? I think we all agree that every general hospital should extend privileges to all qualified practitioners in its area.

As for the second charge, if true, it is to be deplored, but also, if true, it must be laid at the door of the hospital administration, not the Boards. Certainly numerically, Diplomates today are far too few to outnumber uncertified men in determining staff policy.

Surgical Supply Company

22 Railroad Street Holyoke

As to the third assertion, while experience is invaluable, so is training, and that is what the Diplomat has. Also he has something else which many of the older men fail to retain, and that is academic interest in journals, medical meetings, and refresher courses, an interest which is sadly lacking today in the average busy general practitioner.

In the final analysis, while the general man is the foundation of the profession, the specialist is also essential, and certification, in turning out better specialists, is invaluable in helping Medicine to move ahead.

Arousedly yours,
V. E. Salius, Licentiate.

WOMAN'S AUXILIARY

The Woman's Auxiliary to the Hampden County Medical Society was organized February first. Upwards of seventy-five women registered and Dr. John F. Conlin our director of publicity outlined the various ways in which the Auxiliary can help in the education of the public to resist government control of medicine. Under the leadership of Mrs. James Seaman, a program of active participation is assured. The Hampden County Medical Society salutes and welcomes whole heartedly this new Auxiliary.

Physicians interested in the Springfield or the Western Massachusetts Heart Association are invited to submit abstracts of original papers for presentation at the Springfield Hospital meeting of the Association in May, to George L. Steele, M. D. Chairman of the Program Committee for the Springfield group.

Hot Flash

Carborundum, oxide of aluminum, sounds abrasive rather than romantic. Yet added chromic oxide will produce precious rubies, and oxides of iron and titanium the sapphires that pave primrose paths.

February Council

Several questions received definite answers at the midterm meeting of the Council. First, the ten o'clock hour proved too early for some of the outland Counselors who straggled in during the better part of an hour. The road conditions were too treacherous for speed and the milk trains alone would have delivered them in Boston in time for the gavel's fall at ten. As it was, the persuasive tongue of Jim McCann, by his own confession, was put to the test to avoid penalties of the law somewhere on the Worcester turnpike.

Jim, indeed, has learned that the pith of a speech is more potent when brief and pointed. He spoke well in support of increasing the limits of Blue Shield coverage to incomes of $3000 to $5000. Charles Hayden cited figures to show that 75% to 80% of employees are now receiving wages in that higher bracket. If the Blue Cross is to provide for the unseen emergencies outside of routine medical needs for this large percent of the population, such an increase now is necessary. It is true also, as he pointed out, that much of the good public relations toward our medical services is being lost when extra bills are sent to clients in the limited coverage group by both physicians and hospitals. Disgruntled subscribers are taking their complaints to Washington by way of union agents or their elected Representatives for possible legislative correction. It is urgent, therefore, to take favorable action now.

Jim O'Hare raised the objection that such action would, in effect, deprive the medical profession of freedom of practice of 90% of patients without their knowledge or a voice in the decision. But he was reminded that emergencies are not the greater part of general practice, and as far as members being informed, the Blue Shield Director told of the many meetings since December regarding the needs of joint committees and long hours spent in discussion of the needs; of the Executive Committee of the Council and regional Blue Shield Committee meetings in each district. The Editor of our Journal rose to remind the Counselors that this important subject has been discussed thoroughly in print in the official organ that members are supposed to read.

John Conlin again cited the value of favorable action on public relations, especially previous to impending federal hearings. After further rebuttal and discussion, the Chair called for a vote confirmed by a count of hands. The increase of income limit of $5000 was approved by a better than 3 to 1 count. By this action, Massachusetts will be able to join the other progressive states such as New Jersey and Michigan in the realistic approach to present day needs. In the opinion of those who have studied the situation, this is the only method that can avoid federal compulsory insurance by providing adequate service at reasonable rates to the bulk of our population.

The problem of increased and equalized fees was referred back to the special committees for further study to be reported at the main meeting of the council.

The Council met as an experiment in the new auditorium of the Boston Conservatory of Music on Hemenway Street. The pink and beige setting was very aesthetic and the tiered seats, upholstered in peacock blue, were all that any gluteal could ask, but in spite of the hot air sup-

James E. Templeton & Co., Inc.
PRESCRIPTION SPECIALISTS
J. E. Templeton, Reg. Pharm.
26 Elm Street **Westfield, Mass.**

COMPLIMENTS
Ernest A. Byron
SPRINGFIELD

plied by Counselors, three hours in otherwise heatless atmosphere proved to be more than enough for the most of them. In addition, they heard most of the speakers only with difficulty in the absence of microphones. At 1:30 p. m., the vote was well nigh unanimous to return for the October meeting to the medieval torture chamber, John Ware Hall, at 8 the Fenway, that the library had hoped to use for storing books. Automatically, one of the suggestions considered by the Committee on headquarters thus was eliminated. No report was submitted with alternative suggestions by that committee.

The experimental pilot clinic that was authorized at the last annual meeting of the Council has been functioning since January 1, of this year at the New England Medical Center. A number of pertinent questions evinced a live interest in the project, particularly as to costs and who is paying them. The Commissioner of Public Health replied that the Public Health Services shouldered approximately half of the expense and state and federal subsidies supplied most of the balance. He promised to supply a full report at the end of six and twelve months when the statistics would be more significant. The chairman of the Finance Committee stated that some drastic budgetary cuts were needed to keep annual expenses within the limit of our $25 dues. California medical men tolerate $100 dues, but the Finance Committee does not.

The chief recommendation of the Committee on Hospital and Professional Relations is that the establishment of uniform cost accounting on a state or regional basis in Massachusetts be encouraged. This would greatly simplify figuring actuarial factors and eliminate the injustices of the present system.

For full details of this meeting, members are reminded that they will be published shortly in the New England Journal.

Trial and Error

Our English cousins down the centuries have earned for themselves the reputation of bungling through desperate situations one after another. That they are still so making history is obvious to us who watch from the sidelines.

The trial that concerns us most directly today is Britain's Health Plan, and what we may learn for our own use from its successes and its failures. The most dispassionate report of the plan that we have seen appeared in the **New York Times Magazine** for January 15, 1950, from the pen of David M. Heyman. The author, "a frank advocate," by his own admission, "of some form of prepaid—although not compulsory—health care of our own citizens," recently spent three or four weeks in England observing and interviewing individuals all the way from Minister Aneurin Bevan down to the patients themselves.

It is not surprising that a people deprived of adequate medical care for a generation should enthuse about the plan that provides such care abundantly and at the same time removes the dread of costs. The undeniable psychological success of the plan is not lessened seriously by the many weaknesses inherent in such an ambitious effort. Most of these, mainly administrative and financial, are remediable. The same underlying deprivation, of course, does not exist in the United States or to a much more limited degree. Yet, there is justification for the complaints of prohibitive costs that are caused by increasing specialization, more elaborate equipment and expensive medications. By pooling these costs in group practise that includes general practitioners as well

(Continued on Page 8)

Absorbine Jr.

as specialists, the British have shown the way. We should do the same and finance such groups by voluntary prepayment insurance of some sort.

Another undoubted advantage of the British plan is the gradual geographical redistribution of physicians to cover neglected areas. The Ministry of Health is compelling doctors to practise in counties and towns that need them by refusing licenses to new physicians in areas that are already over-supplied. According to Mr. Heyman, "young physicians have swallowed this bitter pill and made the best of it."

Thirdly, politics seem not to have disturbed the operation of the British Medical Research Council under the protection of the Privy Council so that research work is adequately supported with no impairment of quality. Furthermore British Medical Students now for the first time are recruited from middle and lower income groups in substantial quantities without loss of quality. The plan attempted too much too soon.

The British doctors in the main are overworked and underpaid besides being swamped with paper work. From them come most of the complaints. Inevitably, service to patients must suffer if too many persons are accepted on the panels. This may prove to be the Achilles' heel that will cripple the whole effort since higher proportions of doctors to population through trainees is still years away from realization. Many drastic economies must be achieved if the National Health plan is to continue workable.

Further the British plan is too unwieldly and the administration too complex. Even more fundamental as Mr. Heyman points out, "medicine unlike insurance and Social Security, is not merely a bookkeeping operation but a skilled form of personal service. Whether public or private, it will always be expensive." Efficiency is the one factor that can and must be controlled.

Mr. Heyman suggests that the British would have been better advised to follow patterns already established in the fields of public housing and health through governmental subsidies to locally administered groups. Also, the hospitals, both voluntary and public, in his opinion, should have been left in the hands of local health authorities for the sake of more economical and less bureaucratic administration. Britons are paying the price of a program too hastily conceived and inadequately planned. Yet, none of the conservatives gain controll, they ponents have come to pass. In fact, should the conservatives gain controll, they doubtless will continue the health plan with modifications.

To summarize it is clear that the majority of our citizens do not favor outright socialization after the British pattern. It is equally evident that inequities do exist, demonstrated for example, by the careful survey of the Academy of Pediatrics.

Whatever is done should be predicated on thorough study of our problems and adequate preparation. Perhaps, most important is the lesson that a federally administered plan would be three times more unworkable here than in England because of increased numbers. However, Federal support, financial or technical, both local and far areal groups is feasible. Already, we have ample precedent for such partnership—(public housing and rural eletrification.) Local health authorities can make group practice attractive.

For example, in New York City, the Health Insurance Plan community sponsored, is a growing institution with an enrollment of almost a quarter of a million members. Such blind opposition as a movement met at the start in 1946 has largely evaporated and at present there is a waiting list of physicians who would like to join the staff. Why not? They make as much money as they could in private practice and have no need to render bills. Members have discovered that the care they receive is just as good as that which they received at the hands of private practitioners. In fact, except for the method of payment the relationship between doctor and patient is virtually the same with the privilege of choosing from the physicians on the panel.